U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

						Complete if I	Known	OLPE
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818)			Application Number 09/761,7			CHOWH	78	
FEE TRANSMITTAL			Filing Date		January 18, 20	001	JUL 2 5 2006 "	
For FY 2005						Hiroshi INOUE		302 20 200
				Examiner Name		M. Cheung		A TOLOGUE
Applicant claims small entity status. See 37 C.F.R. 1.27				Art Unit 3621		+	GOLD!	
TOTAL AMOUNT OF PAYMENT (\$)			Attorney Docket No. 03		03500.015061	03500.015061		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 06-1205 Deposit Account Name: Fitzpatrick, Cella, Harper & Scinto  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) under 37 C.F.R. 1.16 and 1.17  Charge fee(s) indicated below, except for the filing fee  Credit any overpayments								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card Information and authorization on PTO-2038.								
FEE CALCULATION								
BASIC FILING, SE     Application Type     Utility     Design     Plant	FILING FEE:	S <u>Entity</u>		CCH FEES  Small Entity  Fee(\$)  250  50  150	EXA Fee 20 13 16	00 100 30 65	ES	Fees Paid (\$)
Reissue		50	500	250	60	-		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims  41 - 59 or HP = 0  x 50 = 0 Fee (\$) Fee Paid (\$) Fee Paid (\$)							Fee(\$) 25 100 180	
HP = highest number	of total claims p	aid for, if greater	than 20					
Indep. Claims  Extra Claims  Fee (\$)  Pee Paid (\$)  11 - 15 or HP = 0 x 200 = 0  HP = highest number of independent claims paid for, if greater than 3  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets         Extra Sheets         Number of each additional 50 or fraction thereof         Fee (\$)         Fee Paid (\$)           - 100 =         / 50 =         (round up to a whole number) x         =            4. OTHER FEE(\$)         Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)  Other:								
SUBMITTED BY								
Signature	/m/	Money			ation No. ey/Agent)	36,570	Teleph 202-53	one 80-1010
Name (Print/Type)	Brian L. Klock						Date: July 25, 2006	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.